



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations  
and individuals other than registered lobbyists)

FORM ORG

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:

☒ January 1 - last day of February

☐ March 1 - April 30

☐ May 1 - December 31

Year of Report 20 13

Contact person Jennie Unger Skelton Phone (415) 389-6800

Organization Allergan, Inc.

Mailing Address c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250  
San Rafael, CA 94901

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was. \$ \$0.00

### EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials	\$0.00	7. Entertainment & Events	\$0.00
2. Media Advertising	\$0.00	8. Food & Beverages	\$0.00
3. Telephone and other forms of Telecommunications	\$0.00	9. Gifts	\$0.00
4. Postage	\$0.00	10. Loans	\$0.00
5. Compensation Paid to Lobbyists	\$0.00	11. Other Disbursements	\$0.00
6. Fees (other than to Lobbyists)	\$0.00	TOTAL EXPENDITURES	\$0.00

### COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period

Name	Address	Compensation paid
1. Jane Stephen	c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901	\$0.00
2. Chris Doyle	c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901	\$0.00

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period

- ☒ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge.

X

(Signature of authorized person)

(Date)

Name of authorized person (type or print) Jennie Unger Skelton

Title of authorized person Designated Agent for Filer